

Sign Out Edit View Format Reports Chat/Help

ICANotes Behavioral Health EHR Chart Room Chart Face Back <- prev next > Show Notes in List

SOS  
610 N. Silver St  
Silver City, NM 88061  
575-956-6131  
575-956-6947  
Peters, Eric  
ID: 1000010736057 DOB: 3/21/1976  
Case Management Note (SOS)

Use Note Creation Time  
Clear Time  
Set Date/Time  
7/29/2023  
12:00 AM

Service Loca  
Audit Log  
Copy contents of the text only into  
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NO Religious or Social Support in Place  
\*Experiencing Severe Anxiety or Panic  
\*Severe Financial Difficulty  
\*Rapid Shifts in Mood are Occurring  
\*Feelings of Hopelessness, Worthlessness, or Guilt are Present  
\*Severe Insomnia is Present

**Protective Factors:**  
\*History of Ability to Cope with Stress  
\*Cooperative and Willing to Accept Help  
\*History of Good Tolerance for Frustration  
\*Feelings of Responsibility to Children, Family, or Loved Others  
\*Strong Social Support System

**Suicide Risk Assessment:**  
Eric denies suicidal ideas or intentions.

**Suicide Risk:**  
Based on the absence of risk factors, Eric's current risk of suicide is considered Very Low or Absent. There are no suicidal ideation or self-destructive or aggressive thoughts or actions.

**Violence Risk:**  
Based on the risk factors reviewed, Eric's current risk of violence is considered Absent or Very Low. There is no homicidal ideation or intention. No aggressive ideation, self-injurious intentions, or ideation within the past six months prior to this instance of treatment.

**Access to Lethal Means:**  
Access to lethal means was discussed with Eric. He denies having access to lethal means at this time.

1 Unit for H0038 Peer Support - UH

Time spent face to face with patient and/or family and coordination of care: 15 min

Session start: 10:45 AM  
Session end: 11:00 AM

a.n.p

Ryan Dingess, CSW

Electronically Signed  
By Ryan Dingess, CSW

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(Please click in the field and scroll down to see full text of note.)

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Capture Signature  
#2 Signed By: \_\_\_\_\_

Capture Signature  
#3 Signed By: \_\_\_\_\_